PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
Effective October 1, 2000								R5W920000184US					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIMS		24				R/	TE	FEE	7	RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE		OR	BASIC FEE	710.00	
Τ¢	OTAL CHARGE	ABLE CLAIMS	2 4 minus 20=		•	4		X\$ 9=		OR	X\$18=	72	
INI	DEPENDENT C	LAIMS	3 minus 3 =		•	-	X40=			OR	X80=	12	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+135=					
* If the difference in column 1 is less than zero, enter "0" in column 2							L			OR			
3-15-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								TAL	<u></u>	OR	TOTAL	782	
2	(Oblemato)							ALL	ENTITY	OR	SMALL		
AMENOMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	· 15	Minus	. 2	Ý	- ^	X\$	9=		OR	X\$18=		
	Independent	· 3	Minus	•••	<u>ි</u>		X4	)= -		OR	X80=		
<u></u>	ring i Phese	INTATION OF M	AULTIPLE DEPENDENT CLAIM				+13	5=		OR	+270=		
							TO	TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)							ADDIT. FEEOM ADDIT. FEE					
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	RA	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 15	Minus	Z	4	=	X\$	)= 		OR	X\$18=		
	Independent	• 3	Minus	(	<u> </u>	= ~	X40	)=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=			+270=		
								TAL		OR			
	•	(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT.	FEE		OH ,	TOTAL ADDIT. FEE		
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
NON	Total	•	Minus	••		=	XS	)=		OR	X\$18=	FEE	
Z	Independent	•	Minus	•••		2	. —						

\* If the entry in column 1 is less than the entry in column 2, write "of in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Plan. 8/00)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

X80=

+270=

ADDIT. FEE

X40=

+135=